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UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No. A-6280	
	First Inventor or Application No. RODRIGUEZ ET AL.	
	Title	SYSTEM AND METHOD FOR ADAPTIVE VIDEO PROCESSING WITH COORDINATED RESOURCE ALLOCATION
	Express Mail Label No. EL745333299US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>39</u>]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>10</u>] 4. Oath or Declaration [Total Pages <u>4</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) (NOT EXECUTED) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application. see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:																
16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information. Examiner Group Art Unit																	
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below																	
<table border="1"> <tr> <td>Name</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City		Zip Code		Country		Fax	
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Name (Print/type)	HUBERT J. BARNHARDT III	Registration No. (Attorney/Agent)	36,739
Signature		Date	DECEMBER 14, 2000

Docket No.: A-6280

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.
DOCKET NO.: A-6280
TITLE: SYSTEM AND METHOD FOR ADAPTIVE VIDEO PROCESSING
WITH COORDINATED RESOURCE ALLOCATION

DECEMBER 14, 2000

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 80.00	\$80.00
Total Claims	32	20	12	\$ 18.00	\$216.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$1,372.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.518
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:



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Marcia Burdick